

Appendix 25 ■ Service Planning and Utilization Summary

Service Month								Date					
MSSP Site Number								PCM					
Client								CIN#					
Purchased Services													
Service Code	Fund Code	Provider Code	Authorized #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered #Units	Type	Cost	CV	V	
Service:		Service Dates:		Note:		Provider:							
Service:		Service Dates:		Note:		Provider:							
Service:		Service Dates:		Note:		Provider:							
Total Purchased Services:													
Referred Services													
Service Code	Fund Code	Provider Code	Authorized #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered #Units	Type	Cost	CV	V	
Service:		Service Dates:		Note:		Provider:							
Service:		Service Dates:		Note:		Provider:							
Service:		Service Dates:		Note:		Provider:							
Total Referred Services:													
Summary	Waived	+	Referred	+	Fixed	=	Grand Total						
(A) Total Costs													
Authorized Costs:													
Delivered Costs:													
(B) Total Costs Used in High Cost Calculation (Title XIX only)													
Authorized Costs:													
Delivered Costs:													
Date Primary Case Manager Discussed Plan Change with Client:								MM	DD	YY			
=> PCM:								Date					
Code (0% - 95%)													
=> SCM:								Date					
Code (96%-120%)													
=> SD:								Date					
Code (> 120%)													